

HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

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STATE OF HAWAII STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST				
NAME(Last)	(First)	(Middle)	TELEPHONE	
Tamamoto	Brian		(808) 546-8800	
MAILING ADDRESS (Street)			FAX	
P.O. Box 2200				
(City)	(State)	(Zip	Code)	
Honolulu	ılu Hawaii 96841		341	
EMPLOYING ORGANIZATION (Fi	ll in only if you are employed by a business en	tity which has been retained to lobby)	TELEPHONE	
Hawaiian Telcom, Ir	ac.		(808) 546-8800	
MAILING ADDRESS (Street)			FAX	
P.O. Box 2200				
(City)	(State)	(Zip	Code)	
Honolulu	Hawaii	968	341	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU	TELEPHONE		
Hawaiian Telcom Serv	(808) 546-8800		
MAILING ADDRESS (Street)		FAX	
P.O. Box 2200			
(City)	(State)	(Zip Code)	
Honolulu Hawaii 96841			
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE	
JoAnn C. Yosemori		(808) 546-3868	
MAILING ADDRESS (Street)		FAX	
P.O. Box 2200		(808) 546-8500	
P.O. Box 2200 (City)	(State)	(808) 546-8500 (Zip Code)	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY								
Agriculture		Education		Human Services		Science, Technology & Economic Development		
X Communic Public Utili		Government Operations & Finance		Intergovernmental Relations, International Affairs		Tourism & Recreation		
Consumer Commerce	Protection &	Hawaiian Affairs	X	Labor & Employment		Transportation		
Culture, Ar Preservation		Health		Planning, Land & Water Use Management		Other: (indicate below)		
Ecology, E Environme	nergy ntal Protection	Housing		Public Safety & Corrections				
PART IV CE	RTIFICATION OF I	OBBYIST						
I hereby ce	ertify that the inform	ation furnished above is	s, to the	best of my knowledge,	correct	and complete.		
7		<u> </u>		- ,	9/04	•		
(Signature of Lobbyist) (Date)								
	(5.9							
PART V AU	HORIZATION TO	LOBBY						
NAME		-	TITLE	OF AUTHORIZING OFFICER	OR PE	RSON REPRESENTED		
Michael S	. Ruley	Chief Executive Officer						
NAME OF ORGAN	IIZATION (if applicable)			TEI	EPHON	NE		
Hawaiian Telcom Services Company, Inc.			(8	(808) 546-7844				
MAILING ADDRES	SS (Street)			FAX	X			
P.O. Box	2200							
(City)		(State)		(Zip Code)			
Honolulu		Hawaii		96841				
			I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.					
	ıthorize the above	named person to engage	ge in lo	bbying activities on beha	alf of th	e undersigned.		
	uthorize the above	named person to engag	ge in lo	bbying activities on beha		e undersigned.		